

Schedule 2. Insurance charge remittances withheld for other reasons. Enter the Standard Code for reason for withholding; (D=Duplicate Loan; N=Not Our Loan; C=Claim Filed Prior to This Statement; I=Ineligible for Insurance). If no code is appropriate, specify the reason in the space provided and leave the code blank. **Do not withhold remittance if loan has been refinanced.** This amount will be refunded as a credit of the unearned insurance charge on a subsequent monthly statement.

Title I Case Number	Name of Borrower	Code	Reason for Withholding Remittance	Insurance Charge
Total				

Schedule 3. Differences in loans listed on current monthly statement. Please do not adjust your remittance by any differences in premium calculation resulting from this schedule. A subsequent monthly statement will reflect any necessary adjustments for these items.

Title I Case Number	Should Be	Should Be	Date of Ln. Disb. MM/DD/YY	Should Be	
	Name of Borrower	Institution Loan No.		Loan Amount	Term

Loans reported but not shown on monthly statement

Schedule 4. List each new loan reported 60 days or more prior to the date of this monthly statement, and resubmit.
Verification of contract number is essential.

Date Reported	Name of Borrower	Loan Amount

Schedule 5. List each refinanced loan reported 60 days or more prior to the date of this monthly statement, and resubmit.
Verification of contract number is essential.

Date Reported	Name of Borrower	Loan Amount

Reconciliation of Insurance Charges from the Title I Monthly Statement

**U.S. Department of Housing
and Urban Development**
Office of Housing
Federal Housing Commissioner

OMB Approval No. 2502-0417 (Exp. 9/30/98)

Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Paperwork Reduction Project (2502-0417), Office of Information Technology, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600. This agency may not conduct or sponsor, and a person is not required to respond to, a collection information unless that collection displays a valid OMB control number.

Do not send this form to the above address.

Send this form and the remittance amount in block C to: U.S. Department of Housing and Urban Development Office of Mortgage Insurance Accounting & Servicing Drawer CS 198068 Atlanta, GA 30384-8068 Payment must be received within 25 days of the billing date.	A.Total insurance charge billed on this statement	\$	Contract No.
	B. Deductions: Schedule 1 \$		Statement Date (MM/YY)
	Deductions: Schedule 2 \$		
	Total Deductions from Schedules 1 and 2	\$	
	C. Amount of Remittance Enclosed (A-B)	\$	

Schedule 1. Loans Paid in Full Prior to Insurance Charge Due Date. Do not withhold remittance if loan has been refinanced. This amount will be refunded as a credit of the unearned insurance charge on a subsequent monthly statement. All other allowable deductions should be listed under Schedule 2.

Title I Case Number	Name of Borrower	Date of Loan Disbursement MM/DD/YY	Date Paid in Full MM/DD/YY	Insurance Charge
			Total	

Name and Address of Insured Institution	Authorized Signature and Title	
	Phone No.	Date